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## BIB DATA SHEET

CONFIRMATION NO. 4762

<b>SERIAL NUMBER</b> 09/749,144	<b>FILING or 371(c) DATE</b> 12/27/2000 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3747	<b>ATTORNEY DOCKET NO.</b> 3764.P142	
<b>APPLICANTS</b> Wouter Roorda, Palo Alto, CA; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 04/02/2001					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <i>[Signature]</i> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 4	<b>TOTAL CLAIMS</b> 32 <b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> BLAKELY SOKOLOFF TAYLOR & ZAFMAN 1279 OAKMEAD PARKWAY SUNNYVALE, CA 94085-4040 UNITED STATES					
<b>TITLE</b> Vessel enlargement by arteriogenic factor delivery					
<b>FILING FEE RECEIVED</b> 1056	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		